

Child and Adult Care Food Program
Parent Letter – Non-Pricing Child Care Centers
July 1, 2019 through June 30, 2020

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If the income is higher than the amount listed for your family size, you do not need to complete the income application.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$23,107	5	\$55,815
2	\$31,284	6	\$63,992
3	\$39,461	7	\$72,169
4	\$47,638	8	\$80,346

For each additional Family Member, add +\$8,177

To apply for free or reduced-price meal benefits for your children, you must complete the attached Income Eligibility Form (IEF). Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided; however you are not required to complete the IEF. Notify the center should the household income decrease and/or if the household size increases. A participant may be eligible for free or reduced-price meals. The application is valid until the last day of the month in which the form was approved/dated/signed one year earlier.

Sincerely,

Center Owner/Director

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

This statement implementation date is November 2015.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number for all of the children listed in Part 1.

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	2 X A MONTH <input type="checkbox"/>	EVERY 2 WEEKS <input type="checkbox"/>	WEEKLY <input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/>	ASIAN <input type="checkbox"/>	BLACK OR AFRICAN AMERICAN <input type="checkbox"/>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/>	WHITE <input type="checkbox"/>
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PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2019 to June 30, 2020

HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 186 %						FREE MEALS - 130 %					
		ANNUAL			WEEKLY			ANNUAL			WEEKLY		
		MONTHLY	MONTH	EVERY TWO WEEKS	MONTHLY	MONTH	EVERY TWO WEEKS	MONTHLY	MONTH	EVERY TWO WEEKS	MONTHLY	MONTH	EVERY TWO WEEKS
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES													
1	12,490	23,107	1,926	963	889	445	16,237	1,354	677	625	313	16,237	1,354
2	16,910	31,284	2,607	1,304	1,204	602	21,983	1,832	916	846	423	21,983	1,832
3	21,330	39,461	3,289	1,645	1,518	759	27,729	2,311	1,156	1,067	534	27,729	2,311
4	25,750	47,638	3,970	1,985	1,833	917	33,475	2,790	1,395	1,288	644	33,475	2,790
5	30,170	55,815	4,652	2,326	2,147	1,074	39,221	3,269	1,635	1,509	755	39,221	3,269
6	34,590	63,992	5,333	2,667	2,462	1,231	44,967	3,748	1,874	1,730	865	44,967	3,748
7	39,010	72,169	6,015	3,008	2,776	1,388	50,713	4,227	2,114	1,951	976	50,713	4,227
8	43,430	80,346	6,696	3,348	3,091	1,546	56,459	4,705	2,353	2,172	1,086	56,459	4,705
For each add'l family member, add	4,420	8,177	682	341	315	158	5,746	479	240	221	111	5,746	479
ALASKA													
1	15,600	28,860	2,405	1,203	1,110	555	20,280	1,690	845	780	390	20,280	1,690
2	21,130	39,091	3,258	1,629	1,504	752	27,469	2,290	1,145	1,057	529	27,469	2,290
3	26,660	49,321	4,111	2,056	1,897	949	34,658	2,889	1,445	1,333	667	34,658	2,889
4	32,190	59,552	4,963	2,482	2,291	1,146	41,847	3,488	1,744	1,610	805	41,847	3,488
5	37,720	69,782	5,816	2,908	2,684	1,342	49,036	4,087	2,044	1,886	943	49,036	4,087
6	43,250	80,013	6,668	3,334	3,078	1,539	56,225	4,686	2,343	2,163	1,082	56,225	4,686
7	48,780	90,243	7,521	3,761	3,471	1,736	63,414	5,285	2,643	2,439	1,220	63,414	5,285
8	54,310	100,474	8,373	4,187	3,865	1,933	70,603	5,884	2,942	2,716	1,358	70,603	5,884
For each add'l family member, add	5,530	10,231	853	427	394	197	7,189	600	300	277	139	7,189	600
HAWAII													
1	14,380	26,603	2,217	1,109	1,024	512	18,694	1,558	779	719	360	18,694	1,558
2	19,460	36,001	3,001	1,501	1,385	693	25,298	2,109	1,055	973	487	25,298	2,109
3	24,540	45,399	3,784	1,892	1,747	874	31,902	2,659	1,330	1,227	614	31,902	2,659
4	29,620	54,797	4,567	2,284	2,108	1,054	38,506	3,209	1,605	1,481	741	38,506	3,209
5	34,700	64,195	5,350	2,675	2,470	1,235	45,110	3,760	1,880	1,735	868	45,110	3,760
6	39,780	73,593	6,133	3,067	2,831	1,416	51,714	4,310	2,155	1,989	995	51,714	4,310
7	44,860	82,991	6,916	3,458	3,192	1,596	58,318	4,860	2,430	2,243	1,122	58,318	4,860
8	49,940	92,389	7,700	3,850	3,554	1,777	64,922	5,411	2,706	2,497	1,249	64,922	5,411
For each add'l family member, add	5,060	9,398	784	392	362	181	6,604	551	276	254	127	6,604	551

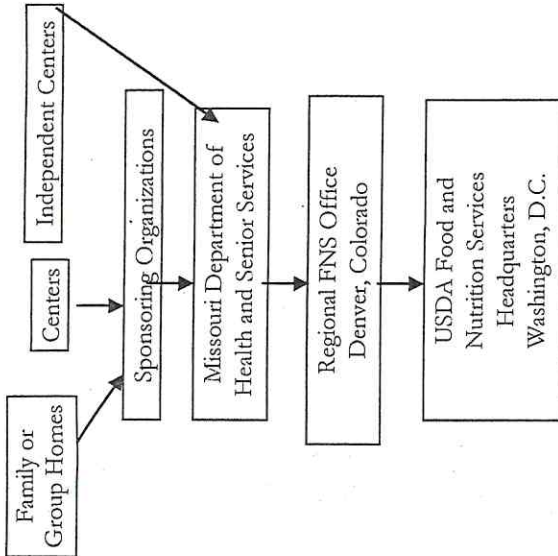
How does CACFP work?

CACFP reimburses participating centers and child care homes for serving nutritious meals. CACFP is administered at the federal level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture.

The Missouri Department of Health and Senior Services (MDHSS) administers the CACFP. MDHSS approves sponsoring organizations and independent centers to operate the program on the local level. MDHSS also monitors the program and provides guidance and assistance to assure that sponsors and centers are meeting requirements.

Sponsoring organizations play a critical role in supporting home child care providers and centers, through training, technical assistance, and monitoring. All family or group child care homes must participate through a sponsoring organization. Several types of organizations can be approved to serve as sponsors, e.g., community action groups, nonprofit organizations and churches.

CACFP Network



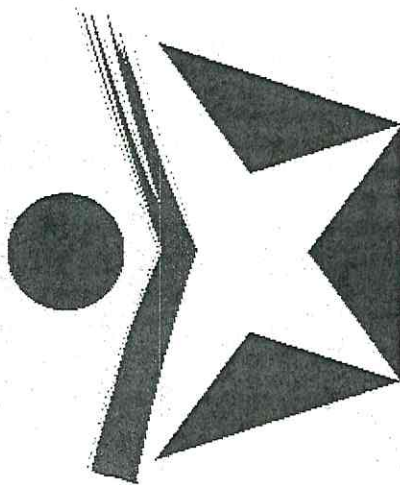
If you are interested in the CACFP, or have questions about the Program, call 1-800-733-6251 or access our website at: www.health.mo.gov/cacfp

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call toll free at (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services (800) 733-6251 (voice). TDD users can access the preceding number by calling (800) 735-2966. EEO/AAP services are provided on a non-discriminatory basis.

The Missouri Child and Adult Care Food Program (CACFP)



Building for the Future

Missouri Department of Health
and Senior Services
Bureau of Community Food and
Nutrition Assistance

What is CACFP?

CACFP is the Child and Adult Care Food Program, a Federal program that provides reimbursement for healthy meals and snacks served to children and adults in day care settings.

In Missouri each day, more than 54,000 children and older adults participate in CACFP. CACFP helps families meet the nutritional needs of their dependent children and vulnerable adults. In addition, CACFP plays a vital role in improving the quality of child or adult care and making it affordable for many low-income families.

In addition to child care, CACFP helps make afterschool programs more appealing to at-risk youth. By offering nutritious and tasty snacks and suppers in programs serving low-income areas, centers can increase participation and know that youth are getting a healthy meal.

Homeless children and children from temporarily displaced families can also receive up to three meals each day through shelters that operate the program.

Who is eligible for CACFP meals?

- Children age 12 and under.
- Migrant children age 15 and younger.
- Youths through age 18 in afterschool programs.
- Functionally impaired adult participants or adults age 60 and older enrolled in an adult day care center.



What kinds of meals are served?

CACFP facilities must follow meal patterns that are established by USDA.

- **Breakfast** consists of a serving of milk, fruits or vegetables or juice, and grains or bread.
- **Lunch and dinner** require milk, grains or bread, meat or meat alternate, and two servings of fruits or vegetables.
- **Snacks** include two of the four components: milk, fruits/vegetables, grains/bread or meat/meat alternate.

Which facilities can participate?

Many different facilities operate CACFP, all sharing the common goal of bringing nutritious meals and snacks to participants.

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers serve meals to large numbers of low-income children.
- **Family Child Care Homes:** Small groups of children receive nonresidential child care in licensed or registered private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-aged children and youth.
- **Homeless Shelters:** Emergency shelters provide residential and food services to homeless children.
- **Adult Day Care Centers:** Public, private nonprofit, and some for-profit adult day care facilities provide structured, comprehensive services to functionally impaired, nonresident adults.



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PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number for all of the children listed in Part 1.

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
		/ /		
		/ /		
		/ /		
		/ /		

PART 2: HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)

☐ YEARLY ☐ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER

PART 3: RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

AMERICAN INDIAN
OR ALASKA NATIVE

ASIAN

BLACK OR
AFRICAN AMERICAN

NATIVE HAWAIIAN OR OTHER
PACIFIC ISLANDER

WHITE

PART 4: SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX-XX-	DATE / /
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER () -

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):						SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Eligibility Determination: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid									
SIGNATURE OF CENTER REPRESENTATIVE							DATE		